

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Charter Public Schools Political Action Committee, sponsored by California Charter Schools Association Advocates			Date of This Filing <u>08/14/2018</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1302433	Report No. <u>194103-41</u>			
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Charter Public Schools Political Action Committee, sponsored by California Charter Schools Association Advocates			Date of This Filing <u>08/14/2018</u>	Date Stamp Page 2 of 3	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1302433	Report No. <u>194103-41</u>			
STREET ADDRESS 					
CITY Sacramento	STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>3</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
08/14/2018	Bob Archuleta for State Senate 2018 Long Beach, CA 90803 ID# 1402965 Memo Reference: EXP:S497:1592	Bob Archuleta State Senate District 32 Jurisdiction: State Senate District	\$2,500.00	11/06/2018
08/14/2018	Brian Jones for Senate 2018 Sacramento, CA 95814 ID# 1374146 Memo Reference: EXP:S497:1590	Brian Jones State Senate District 38 Jurisdiction: State Senate District	\$1,000.00	11/06/2018
08/14/2018	Pat Bates for Senate 2018 Sacramento, CA 95814 ID# 1374577 Memo Reference: EXP:S497:1593	Pat Bates State Senate District 36 Jurisdiction: State Senate District	\$2,000.00	11/06/2018
08/14/2018	Shannon Grove for Senate 2018 Sacramento, CA 95814 ID# 1374834 Memo Reference: EXP:S497:1591	Shannon Grove State Senate District 16 Jurisdiction: State Senate District	\$1,000.00	11/06/2018

Reason for Amendment:

Memo Reference: EXP:S497:1593
All Purpose Account

Memo Reference: EXP:S497:1592
All Purpose Account

Memo Reference: EXP:S497:1591
All Purpose Account

Memo Reference: EXP:S497:1590
All Purpose Account
